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**Colorado Methamphetamine Task Force
January 25, 2008
Colorado Municipal League
1144 Sherman St., Denver, CO
10:00 a.m.– 1:00**

Members: Attorney General Suthers; José Esquibel, CO Dept of Public Health & Environment; Jeaneene Miller, DOC; Leslie Herod, Governor's Office; Dr. Nick Taylor, Taylor Behavioral Health; Laura Russmann, CO Apartment Assoc.; Bob Watson, 13th JD District Attorney; Wayne Maxwell, North Range Behavioral Health; Dan Kaup, District Judge, Larimer County; Erin Goff, CO Municipal League; Ty Gee, Haddon, Morgan, Mueller, Jordan & Mackey PC; Tom Quinn, Director of Probation Services; Kathryn Wells, Denver Health; Chele Clark, CO. Dept of Public Health & Environment

Guest: Barbara Ezyk, Peer Assistance Services, Inc; Elaine Martinez, Delta County Meth Task Force; Curielle Duffy, Delta County Meth Task Force; Brenda Burns, Delta County Meth Task Force; Ellen Serdock, CO. Joint Counter Drug Task Force; Ryan Brock, CO Joint Counter Drug Task Force; Chris Ryan, CO. Joint Counter Drug Task Force; Kit Besser, CO Assn. Of Alcohol & Drug Service Providers; Pat J. Sullivan, Jr., Cherry Creek Schools; Angie Wickersham, Mesa County Meth Task Force; Heather Benjamin, Mesa County Meth Task Force; Julia Roguski, Savio House; Brenidy Jones, Savio House; Melissa Ippolito, Peer Assistance Services, Inc; Colleen Brisnehan, CO Dept of Public Health & Environment; Mark Cooney, Wheat Ridge Police Dept; Dennis Dahlke, SUCAP

Welcome from Attorney General

Review and Approval of the Minutes: Minutes were moved approved from the November 30, 2007 meeting.

Announcement from Task Force Members –

Please let us know if there is any legislation in your department or agency that could affect this task force.

Attorney General Suthers:

The annual report was sent to the legislators and will be posted on the AG's Website.

Good news: The price of meth is increasing because of supply issues in Mexico. The new President of Mexico is intent on working on the drug problems in Mexico. The government is stopping a lot of the source for the drugs from the US to Mexico. There is a cost war in Mexico. Recently 17 people were killed in Mexico over the meth. There will be a follow up meeting March in Mexico. I will report on that meeting.

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Senator Shaffer has asked why Colorado is not pursuing money like the Montana Meth Project? We explained that this is not the way we want to go per the expertise of this committee. Senator Shaffer will continue to explore this using state money to fund the meth issues.

Wayne Maxwell:

The HJR 1050 Behavioral Health Task Force is studying issues related to behavioral health. The final report will be ready at the end of the month. There are some very specific recommendations in this report based on some of the things that have been discussed here. There has been a sub-cabinet formed on behavioral health – Leslie Herod is the coordinator of this work. The sub-cabinet has been meeting for the past 3 months. Janet Wood will be on this sub-cabinet and staff will be hired to work on this.

Bob Watson:

An effort is being made to get funding for the residential treatment center in northeastern Colorado on the ballot.

Dan Kaup:

Drug courts are no longer going to be funded by probation. In the drug courts the case managers will run into some funding issues. If any one knows of any programs that may help this issue, please contact Dan.

At one time, grants were used and then probation money was used and now they are looking for other funds to sustain this program.

Julia Roguski:

We did not receive any outside funding for this project. El Paso County Department of Human Services through their Core Services Funding funds the majority of the project. This program was essentially a re-deployment of existing resources to better serve families and has better outcomes. The court made the commitment to this program and allotted docket time.

Colleen Brisnehan:

In late December, President Bush signed the Methamphetamine Remediation Research Act, which directs the Environmental Protection Agency (EPA) to establish guidance for meth lab cleanup, and funds research to support the cleanup guidance and to evaluate exposure to meth labs. In anticipation of the Act being signed, in mid December EPA convened a work group made up of national leaders in the field of meth lab cleanup, including myself and Dr. John Martyny, from National Jewish Medical and Research Center, to start working on the guidance document.

California currently has two papers out for peer review. The first paper evaluates the health effects of meth to determine a concentration below which adverse effects are not expected. The second paper evaluates exposure to meth in a

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former meth lab, and uses the conclusions of the first paper to establish a health-based cleanup level for meth.

Drug Exposed Newborns (Kathryn Wells, MD)

Medical Director, Denver Family Crisis Center: (handout was provided)

Dr. Wells mentioned that she continues to come back, as a medical person, to ask how do we work with the family? She has discovered that we need to look at the research and practice aspects. We need to ask what is happening in the home? From the national standpoint how can we, as the medical community, look at this issue?

Highlights:

Research shows that it is much better to educate women at the early stages of pregnancy and better yet is to get to the mother prior to the pregnancy. The Endangered Children and State Meth Task Force model —practice to science to implementation to policy— is currently be used to track drug endangered children.

There are several national studies being done on this issue:

Dr. Barry Lester is doing Prenatal meth exposure and child development. He is using 4 or 5 researchers to do this study. The goal is to enroll women prior to pregnancy, and track them through the birth of the child and then study the child. Cocaine exposed babies and meth expose babies have a lot in common. The meth-exposed children will be followed for a longer time. This study is ongoing.

Dr. Linda Change is doing a study on the early brain development after prenatal meth exposure. Babies have a “plastic brain” meaning that it is able to change after prenatal meth exposure.

Dr. Penny Grant’s study is on the evaluation of children removed from clandestine meth laboratories and what to do with kids removed from meth labs.

Dr. Nena Messina is conducting a study on retrospective analysis of medical and developmental outcomes of meth-exposed children. The findings are limited to what data is collected at the time.

Research in Colorado:

- Colorado Systems Integrations Model for Infants (C-SIMI)
- Healthy Tomorrows Grant
- Second-Hand Exposures (collaborations with University of Montana)

Emerging issues

- Increasing number of pregnant women and children affected by maternal use of meth
- Advancing research on fetal alcohol spectrum disorders and alcohol-related neurodevelopmental disorders

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- Renewed proposals of State legislation aimed at both fetal alcohol exposure and maternal abuse of illegal drugs
- Child Abuse Prevention and Treatment Act (CAPRA) amendments of 2003 more states are putting forward alcohol legislation- many do not agree this is the best way to handle the problems
- C-SIMI Grant: Timeline is 60-month project with five 12 month budget periods:

Primary Objective – To develop and test a new model that integrates best proactive approaches from the child welfare, drug treatment, legal and health care systems involved with substance-exposed infants and their families.

Core Components – Increase identification of substance affected newborns through comprehensive assessment and service to substance affected newborns and their families.

Outcomes – Improve birth outcomes as evidenced by full term, healthy neonates and infants; assurance of the safety of infants deemed at risk secondary to familial substance use and enhanced parent-child relationship.

Primary Partners – Denver Dept of Human Services, Denver Health and Hospital authority, Colorado Dept of Human Services, Kempe Children's Center and JFK Partners

The hardest part is to integrate systems – Colorado has been very lucky that we have a number of passionate people who are ready to work together to fix this problem

We have been working on a community standard in the hospitals. In Denver work is being done on a community standard. Legal/public policy is a very hot topic; we have to look at parents/baby rights. What came out of this is "Baby Steps". Baby Steps – if a call comes into the hotline it would be assigned to a team. Working on eligibility for C-SIMI model program. The number one item is safety for the child's welfare case. The team goes out and meets with the family to see what they need.

Memoranda of Understanding is also a big issue. How do we get everyone on the same page? If this is not an open case, how do we follow up with cases? It has been hard on caseworkers so we are looking at having caseworkers move around.

Discussion

Are you seeing withdrawal signs from kids?

- Meth babies will be sleepy and will not gain weight; has no sucking reflect, and no bonding. We have to re-teach mothers how to interact with their babies. 99% of what we do is based on research.

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- Second hand exposures – meth research through PPEHR – looking for biomarkers on children, we want to do basic research.
- One aspect of effort is to work on accelerating the translation of basic research findings for use in clinical settings.
- University of Montana is doing some interesting studies on animals regarding second-hand exposure. Nationally we don't have enough information on what a kid needs when they come out of a meth home. In Denver a clinical researcher is developing a system to identify and track exposed children and to conduct clinical assessment of children exposed to meth use and productions.
- Emerging Data Pulmonary Effect of Meth data is being collected. A murine exposure system was developed to study the pulmonary effects of inhaled MA vapor; studies find that there is significant lung injury however all this information shows that we need more research.
- Other potential studies include:
 - Meth and breastfeeding
 - Meth and birth defects (i.e. cleft lips/palates, intestinal disorders)
 - Expansion to other drugs of abuse
 - Meth and burn centers

Good presentation a lot of information

A newsletter would be excellent to share with group; there is a quarterly newsletter in the child abuse community.

Annual State Meth Task Force Report – Vice Chair José Esquibel

Thank you to Drew DeMarie and Jade Thomas for their work on this report and thanks to the Task Force members for the quick turn around on this report.

The three items that the State Meth Task Force is mandated to address are:

1. Assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distributions and use;
2. Develop statewide strategies in collaboration with local communities to address prevention, intervention, treatment and enforcement; and
3. Take a comprehensive approach to and provide assistance and recommendations concerning prevention, intervention and treatment and the response of the criminal justice system to the methamphetamine problem in Colorado.

The Colorado Blueprint was developed over the course of the previous year to comprehensively address meth and other illegal drug use and the affects these drugs have on communities, families and children. These priorities will guide the work for the *Colorado Blueprint* as well as the work we are doing with Colorado Drug Endangered Children (DEC). DEC is a valuable partner to help carry this work forward.

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Progress on 2007 and 2008 Priorities:

1. Utilized data to specifically identify problems and issues related to methamphetamine in the State of Colorado.
2. Review model programs that have shown the best results in Colorado and across the United States and provide information on the programs to local communities and local drug task forces.
3. Investigate collaborative models on protecting children and other victims of methamphetamine production, distribution, and abuse.

To achieve these priorities, the State Meth Task Force will work with DEC and other partners on these following specific expectations:

1. Establish *Colorado Blueprint* demonstration sites.
2. Establish a process for identifying, collecting, synthesizing, and sharing practices that are evidenced-based, including the use of Web-based technology.
3. Identify metrics used to gauge the size and scope of the meth problem at the demonstration sites.
4. Produce an outline and identify the components of a "State of the State Report Card" for the State meth Task Force and the State Legislature.
5. Educate stakeholders about meth issues and problems in order to engage them in addressing the issues and making informed decisions.
6. Educate and report to the public on the efforts to address meth abuse in Colorado.
7. Maintain partnership in the areas of prevention, detection, interventions and treatment and environmental cleanup.
8. Utilize a network of individuals and organizations that will inform our work and be a sounding board for the work of the State Meth Task Force.

Discussions:

What implications does the *Colorado Blueprint* have for your disciplines?

1. It identifies the disciplines that are here and how meth affects each one of us. It allows for exchange of how Meth affects each one of our disciplines in our communities. How do we deal with who covers the cost of cleaning up a meth home? How do we pay for the children being split up from their families? Treatment, how do we pay for this? Mental health issues are also involved.
2. Renters who are incarcerated for meth use or manufacturing are released and come back to the rental market and often do the same damage to property again with meth; they cook meth and the cycle starts again with need for clean up. The apartment rental landlords are experiencing frustrations about this. How can landlords learn about who has damaged property due to meth use and manufacturing. Also, the time these offenders served is short and they come back out to redo it again in a number of days. A bill needs to be introduced and passed to set standards. Rental housing homes have been working with the health dept, law enforcement and others to begin to address the environmental clean up, insurance companies will not pay for this. The cost goes to the homeowners. State-to-State criminal tracking would be great. Also, the offender moves state to state and destroys buildings as they go. Law enforcement would be a great

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- priority. Law enforcement is a big part of number II priority of the State Meth Task Force.
3. Law enforcement is trying to identify the problems. One of the emerging aspects of work among law enforcement is how to better serve the child.
 4. Rural issues still need to be identified. The users are in rural areas and how do we get the funding to these areas? The resources are not there in the rural area.
 5. Denver Metro has the money but not necessarily the users.
 6. Meth is an issue that goes across the disciplines. As time and efforts progress, different disciplines get involved and at any given time the picture is going to look different. This task force is being replicated in other rural areas to build task forces.
 7. In rural areas there very little going on in regard to clean up. There are no standards and no one has the right to force anyone to do cleanup. There are huge holes in this area.
 8. On the DEC side in relation to education, school district are seeing lower CSAP scores, is there a correlation between lower scores and meth use/exposure, or with other drugs? School districts need to be brought to the table to show them that drugs and lower scores in children could be related to exposure.
 9. Law enforcement is a key participant, and certain expectations have been developed by law enforcement in addressing meth issues. How do rural communities work together? They need to get all the people to the table, specifically law enforcement. The work that was done up front was wonderful, but it is not a one time event. There is much turn over and we need to ingrain that into the law enforcement culture. Trainings for law enforcement are currently being done.
 10. What does this look like? When we first started, it was noted that it was important to have various disciplines represented at the table. You can't just look at each affect on each discipline by itself.
 11. Law enforcement – we need to have a detox center that is more local to be able to make it work.
 12. It is not just meth. We are all on different task forces and the model of the Colorado Blueprint can be applied well to various efforts. We need to be able to provide skills to do this model and we need to provide training.
 13. Rural areas have not always been bought into environmental clean up. Laura Russman can offer training to the rural areas. Just contact her.
 14. We keep hearing about holes and gaps. From a state standpoint, we need to do more outreach training in the rural areas. We should look at the model and see where the rural counties have gaps.
 15. Also, we have gaps in data collection and public environmental safety. Data must be collected.
 16. Everyone here is from Colorado; just doing a media campaign for one area is not right. We need to do a media campaign for the state. Let's do this together. We need to do funding for the entire state and not just local media campaigns.

Thank you for these discussions. This will help us to form upcoming meetings to address your concerns and comments.

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State Meth Task Force/Colorado Drug Endangered Children Partnership —Drew DeMarie and Jade Thomas

Updates:

Priorities were created from the state plan and Daniel's Fund.

1. Website – identified and partnered with GooZMO for the website
2. Graphic Design – partnered with Sterling-Rice
3. Live demo will be given at the next task force meeting
4. Colorado along with 5 other states have been selected as one of the demonstration sites by DEC .

2008 Priorities:

- Website Development
- State Meth Task Force Members Information, Resource, and Data Collection
- Learning Sites
- Statewide Outreach
- Tools/Guidebook Development
- Funding Development
- Business Development

Website development is being funded with \$25,000 dollars from El Pomar. A demonstration of the website is scheduled for the next meeting of the State Meth Task Force.

Demonstration sites – deadline for submitting the Comprehensive Community Response (CRA) is Feb. 29, 2008. We are looking at sites that will fill in all the gaps. Thank you for the CRA's that have been submitted. When we were doing the site visits, we discovered that the sites are very discipline specific.

Newsletter - The joint newsletter of the Colorado DEC and the State Meth Task Force highlights our partnership. Also it describes current accomplishments and priorities. Action steps are being developed. Please send any comments to Drew or Jade.

Funding/Business Development - Colorado DEC and the State Meth Task Force Vice chairs are developing a business and funding plan. In collaboration with each other, Colorado DEC and the State Meth Task Force will be seeking additional funding sources. Colorado DEC is also looking to re-constitute its Board of Directors.

Discussion:

Will the state website model the national DEC site?

- There is a template but it is more for replicating the state level at the local level.

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What does the DEC initiative look like?

- This is a problem for the local level. The national level will be able to help us with this. We need to define what is a DEC. We need to tailor the DEC model to each community. We will have a local DEC person come to our communities and give us training and technology assistance. National is working on a guidebook that can be used in each state. There will be a template and a checklist. We need to be sure the DEC has minimal standards. This guidebook will be created at the state level.

State Meth Task Force Survey

Assistance from the State Meth Task Force members is being requested to create a shared knowledge base and identifying baseline problems and issues of stakeholders in Colorado. A survey was created to do this and you are being asked to take the survey by February 29, 2008 and mail it back to Drew or Jade, Colorado DEC, 1942 Broadway Ste. 314, Boulder, CO 80302.

Guests and members will be asked to fill this out. Feel free to send this out to your networks.

Review of Membership and Vacancies: Chairman Suthers:

Dave Thomas has left and we will need to get a letter to Peter Groff for a replacement. Human Service Agency –Child Welfare is vacant. If you have any recommendations, please let the vice chairs know.

Licensed Pharmacist is Petra Abram. She has not been at the last couple of meetings. We will follow up with Jeannie on how this appointment was done.

Closing Comments

Dr. Nick Taylor introduced the new members of the meth task force in Delta County. Brenda Burns is the provider for any basic needs to the county. Delta County has funded this position. Elaine Martinez is the new contract drug-testing provider. The county has decided to use the funding from Daniels Fund to buy the equipment to do UA testing equipment. Cost has been reduced for testing.

Angie Wickersham: In June 2007 Taproot, an organization founded to promote the use of media arts for learning, challenged America's youth to create a movie about Meth titled "Crossing the Line". Each youth sent for the researched script and followed a number of "rules" including that they would premier their movie on "National Meth Awareness Day", 11/30/07. Other rules included, 1) that the movie was silent but used actions, gestures, & expressions and 2) that they used local musical talent. "Crossing the Line" is a 20 minute look at the life of a teen leaving meth treatment and his trials with the drug. Vinny Castellini an 8th grade student in Fruita competed and was recognized with an "Honorable Mention" for his movie.

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If you want a copy of the movie, contact Angie Wickersham - Mesa County Meth Task Force Coordinator via email: angela.wickersham@mesacounty.us

Confirm Future Meeting Dates–

It was agreed to hold the Task Force meetings on the fourth Friday of every other month. March 28th; May 23rd; July 25th; Sept. 26th; and November 28th from 10:00am to 1:00pm.

Next meeting is March 28th at the Municipal League, 1144 Sherman St., Denver (South of the Capitol), from 10:00am – 1:00pm